



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/645,043
Confirmation No.: 7317
Filing Date: August 21, 2003
Examiner: Bruck Kifle, Ph.D.
Group Art Unit: 1624
Applicants: David Bebbington, et al.
For: CARBAMATE CASPASE INHIBITORS AND USES THEREOF

Certificate Of Mailing Under 37 CFR 1.8

I hereby certify that this correspondence and any documents referred to as attached hereto are being deposited with the United States Postal Service and transmitted to the United States Patent and Trademark Office by Express Mail on August 16, 2005.

Signature

Michael C. Badia

Typed or Printed Name

August 16, 2005
Cambridge, Massachusetts

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith: [X] a Reply to Office Action; [X] a Petition for Extension of Time; [] a substitute Specification; [] a Declaration; [] a Supplemental Declaration; [] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; [] Notice of Appeal; [] Appeal Brief; [] _____; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[] A fee for additional claims is required.

The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	45	- 34 * = 11	X \$ 50	= \$ 550

INDEPENDENT CLAIMS	2	- 6 ** =	X \$200	= \$ 0
-----------------------	---	----------	---------	--------

FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM	+ \$360	= \$
---	---------	------

* If less than 20, insert 20.

TOTAL

\$ 550.00

** If less than 3, insert 3.

[] A check in the amount of \$__ in payment of the filing fee is transmitted herewith.

[X] Please charge \$550.00 to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

[X] The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

MISCELLANEOUS FEES

[] Please charge \$_____ to Deposit Account No. 50-0725 in payment of the fee for a Notice of Appeal (37 C.F.R. §41.20(b)(1)).

[] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § _____, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Respectfully submitted,



Michael C. Badia, Reg. No. 51,424
Attorney/Agent for Applicants
c/o Vertex Pharmaceuticals Incorporated
130 Waverly Street
Cambridge, Massachusetts 02139
Tel: (617) 444-6467
Fax: (617) 444-6483
Customer No. 27916